Introduction

What is the Continuum of Care, and Why is it Important?

Purpose: This session is designed to provide the participants with an overview of the Continuum of Care its context, goals, and importance. It is primarily designed as an introduction to both the Continuum of Care concept and key principles for effective Continuum of Care planning.

Since 1994, the U.S. Department of Housing and Urban Development (HUD) has been encouraging communities to address the problems of housing and homelessness in a coordinated, comprehensive, and strategic fashion. With input from practitioners throughout the country, HUD introduced the Continuum of Care concept to support communities in this effort. This concept is designed to help communities develop the capacity to envision, organize, and plan comprehensive and long-term solutions to addressing the problem of homelessness in their community.

What is the Continuum of Care?



- Trainer should elicit answers to the question then show Overhead i-1.
 - Trainer should explain that this concept, introduced by HUD with input from practitioners in the field, was implemented to support localities in their need to coordinate efforts to reduce and end homelessness.

Fundamental Components of a Continuum of Care System



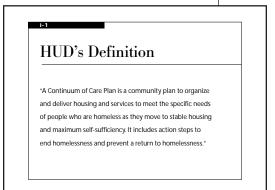
■ Use Overhead i-2 to illustrate Components of Continuum of Care System. Describe Continuum of Care using the talking points below.

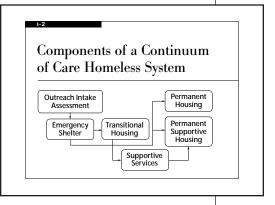
> HUD identified the fundamental components of a comprehensive Continuum of Care system to be:

- Outreach, intake, and assessment to (1) identify an individual's or family's service and housing needs, and (2) link them to appropriate housing and/or service resource.
- Trainer should elicit response and use the examples below to fill out the discussion.

For example:

Outreach services might include street outreach to homeless youth or single adults, or it might include special mobile health care or mental health care workers.





Intake and assessment services could include workers at an emergency shelter or in transitional housing who assess an individual's or family's needs, beyond the need for immediate shelter, to link the individual or family with needed housing and services supports.

- Emergency shelter and safe, decent alternatives to the streets.
- Trainer should elicit response and use the examples below to fill out the discussion.

For example:

Emergency shelter for homeless families with children and emergency shelter for homeless single adults; a locality might decide to establish a triage point to assess the service-related needs of homeless families and individuals, such as homeless individuals with HIV/AIDS or mental illness, in order to make appropriate emergency placements.

- Transitional housing with supportive services to help people develop the skills necessary for permanent housing.
- Trainer should elicit response and use the examples below to fill out the discussion.

For example:

Transitional housing for homeless women in recovery and their children. In addition to recovery services and life skills training, consideration should be made for the type of housing to be developed or leased, such as scattered-site or single-site units and amount of bedrooms needed.

- Permanent housing and permanent supportive housing.
- Trainer should elicit response and use the examples below to fill out discussion.

For example:

The rehabilitation of existing rental housing (foreclosed or in disrepair) into affordable housing units (two-and-three bedrooms) for homeless families or the use of tenant-based rental assistance to lease one bedroom units in scattered sites for homeless individuals living with HIV/AIDS. Tenants in these units are to be linked to case management.

An effective Continuum of Care system is coordinated. It not only includes the fundamental components identified by HUD, but also the necessary linkages and referral mechanisms among these components to facilitate the movement of individuals and families toward permanent housing and self-sufficiency. It balances available capacity in each of its key components and provides a framework that is both dynamic and responsive to changing needs over time.

In addition, a Continuum of Care system should include a focus on homelessness prevention strategies and services. Prevention services might include one-time emergency funds to keep families housed, crisis intervention services for people with mental illness living in the community, and peer networks for people in early recovery living in permanent housing.

What Subpopulations Exist Among People Who are Homeless and What are the Best ■ Ways to Serve Them?

Here, trainer may want to elicit examples of who the homeless are from the audience and record on a flipchart. Trainer can then use the Overhead i-3 as a backup after getting suggestions from the audience, and underscore the points below.

A comprehensive Continuum of Care plan considers the needs of all people who are homeless. This means that in

most communities there are different components of the Continuum of Care in operation that respond to the particular housing and service needs of different sub-populations of homeless people, such as homeless veterans or people who are homeless with mental illness, HIV/AIDS, victims of domestic violence, and/or histories of substance use.

Facilitate movement towards permanent independent living: The goal is to create and sustain sufficient capacity throughout the Continuum of Care system to facilitate movement of that sub-population toward permanent housing and independent living. However, not all people will need to access each component of a Continuum of Care or move through the Continuum of Care in a linear fashion.

Address multiple needs: It is important for a Continuum of Care plan to address the multiple needs and cross-over among homeless subpopulations. For example, there may be a need for substance abuse recovery services among people who are homeless and living with HIV/AIDS or there may be a need for bridge supports for youths graduating from state custody and lacking sufficient natural supports or life skills and are at risk of homelessness.

Anticipate new groups and issues: In order to develop a Continuum of Care system responsive to the range of housing and service needs among people who become homeless, it is important not only to understand who is homeless (including hard-to-serve homeless individuals such as street homeless with health, mental health, and/or substance abuse problems), but also to understand who might become homeless (such as women with children escaping domestic violence or people living with HIV/AIDS in overcrowded situations).

Key Characteristics of a Successful **Continuum of Care Design**



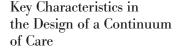
Trainer should show the list of key characteristics using Overhead i-4 and elicit discussion, then summarize key points using the talking points below.

> **Long-range:** The problems of homelessness are complicated and will need to involve long-range solutions and planning. It is important to recognize that to better serve homeless people and to create affordable permanent housing and supportive housing, considerable time, energy, and financial resources, as well as linkages to mainstream services and affordable housing, are needed.

What Sub-Populations Are Homeless?

- Single Men
- People with drug or alcohol addictions
- Single Women
- · People with mental illness
- Families
- Dually or multiply diagnosed
- Elderly
- · Victims of domestic violence
- Veterans

- · People living with HIV/AIDS



- · Long range
- · Comprehensive and collaborative
- Strategic
- · Based on an assessment of community needs and priorities

Comprehensive and collaborative: A Continuum of Care system should address and deal with all major homeless populations and involve the breadth of housing and service options. The plan should be designed to meet the unique needs of subpopulations while also developing capacity to serve people who are homeless with multiple needs, such as people with histories of substance abuse or mental illness.

Strategic: A Continuum of Care plan should incorporate realizable strategies to move homeless individuals and families beyond shelter to permanent housing and self-sufficiency. Solutions to complex problems require carefully developed Action Plans to achieve the desired objectives. Further, these strategies should be grounded in community needs and priorities identified through a planning process which includes stakeholder input.

Why is a Continuum of Care Plan Important?



Trainer should show Overhead i-5 and use the talking points below to highlight key points, ask questions and elicit responses.

Why Develop a Continuum of Care Plan for Your Community?

- Assess capacity and identify gaps
- Develop proactive solutions rather than reactive stop-gaps
- Identify common goals for which to advocate
- Increase community "buy-in" and access to mainstream resources
- Increase competitive advantage for receiving HUD McKinney Homeless Assistance funding

Assess capacity and identify gaps: Continuum of Care planning provides communities with an opportunity to step back, critically assess capacity, and develop solutions to move homeless people toward permanent housing and self-sufficiency.

Proactive rather than reactive: Continuum of Care planning helps communities look comprehensively at needs and to anticipate policy or demographic changes and develop the capacity to respond to these changes (e.g., new drug therapies for people living with HIV/AIDS which change the models of supportive housing most appropriate for this population).

Common goals for which to advocate: Continuum of Care planning helps communities develop a common vision and a set of common goals.

Coordination and linkages: Historically, homeless services have been fragmented at best. Continuum of Care planning helps providers identify ways of coordinating and linking resources to avoid duplication and facilitate movement toward permanent housing and self-sufficiency.

Community "buy-in" and access to mainstream resources: Continuum of Care planning ideally involves stakeholders outside of the traditional homeless system with the goal of educating these stakeholders and getting them to become part of the solution (e.g., the city housing department could include a set-aside of HOME funds for tenant-based rental assistance to transition homeless women and their children to permanent housing).

Competitiveness for McKinney Homeless Assistance Funding: Comprehensive and inclusive Continuum of Care planning makes communities highly competitive for receipt of McKinney Homeless Assistance funding through the Homeless SuperNOFA process. The plan will also be useful in leveraging other, non-McKinney resources needed to build a comprehensive system to address homelessness.

Steps for Developing and Implementing a Continuum of Care



Trainer should use Overhead i-6 to illustrate the Continuum of Care planing steps that will be covered.

